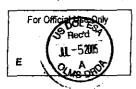
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2625	2. Fiscal Year Covered From:	
	[] / [] / 2004 Through: [2 / 3] / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Dennis E Johnson	Name Painter District Council #3	
	Labor Organization File Number 003437	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 617 SE Timbercreek Lane	Street 9902 & 62nd St.	
City Lee's Summit	City Reytown	
State Mo ZIP Code +4 64063	State Mo. ZIP Code + 4 64 133	
5. Position in labor organization. 345 ness Rep.		
Enter appropriate data below if, during the past fiscal year, you or your spou (except as specified in the exclus	se or minor child directly or indirectly had any of the following interests slons set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or d monetary value from an employer whose employees your organization		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, If any:		
P.O. Box, Bldg., Room No., if any		
fasterier viewinken immediaterier and other for stocker over 17 post-commendation and other fasterier over commendation 1 - 1, over 1 m 1 and 1	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Dennis (E) Chann	On 6-24-05 816-358-2440 Date Telephone Number	
	Date Telephone Number	

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Name of Person Filing Deuuis E. Johnson	File Number	xu- 2625
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, or indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ;	3	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bidg., Room No., if any	b. Trust	
Street	c. Employer	
The state of the s		•
City State ZIP Code + 4	1	
Jan 1 2 1 000 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	The state of the s
Name Wilson + McShane	Christmas Gife	
Trade Name, if any: Trust Fund Administrator	Collectors Tin of	
P.O. Box, Bidg., Room No., if any Suite 805	Cashews	
Street 3100 Broadway		ng #30°
City K.C.	11.b. Approximate dollar value of such dealir 12.a. Nature of interest held or income rec	<u> </u>
State Mo. ZIP Code + 4 64/11/		, , , , , , , , , , , , , , , , , , , ,
	S.C. Service	
	And the second of the second of	CAN CONTRACTOR OF THE CONTRACTOR
	12.b. Amount.	The second secon
Received from any employer (other than an employer covered under r from any labor relations consultant to an employer any payment of money (parts A and B above). cother thing of value:	
B.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
The first - States of the second seco		
lame		
rade Name, if any:		
O. Box, Bldg., Room No., if any		
treet	•	

14.b. Amount of payment.

or Consultant

13.b. is the Business an Employer

State

Name of Person Filing Dennis E. Johnson	File Number U- 2625
B. Held an interest in or derived income or economic benefit with more substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents of (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	or otherwise dealing with the business or is actively seeking to represent, or thy or indirectly to, or otherwise
Name and address of Business (including trade name, if any). Name:	9. Business deals with:
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Arnold, Newbold, Winters & Jecks Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1600	Counsel for Trust Fund 4 Lunches through out the year. ETrustee meetings)
Street 1125 Grand Ave	11.b. Approximate dollar value of such dealing.
City K.C. State MO. ZIP Code +4 64166	12.a. Nature of interest held or income received.
	12.b. Amount
C. Received from any amployer (other than an employer covered un or from any labor relations consultant to an employer any payment of mone	der parts A and B above): by or other thing of value:
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
City ZIP Code + 4	
13.b. is the Business an Employer : or Consultant ?	14.b. Amount of payment.